



Child Health and Healthcare Advisory Committee

Meeting Two
Monday, June 25, 2018



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

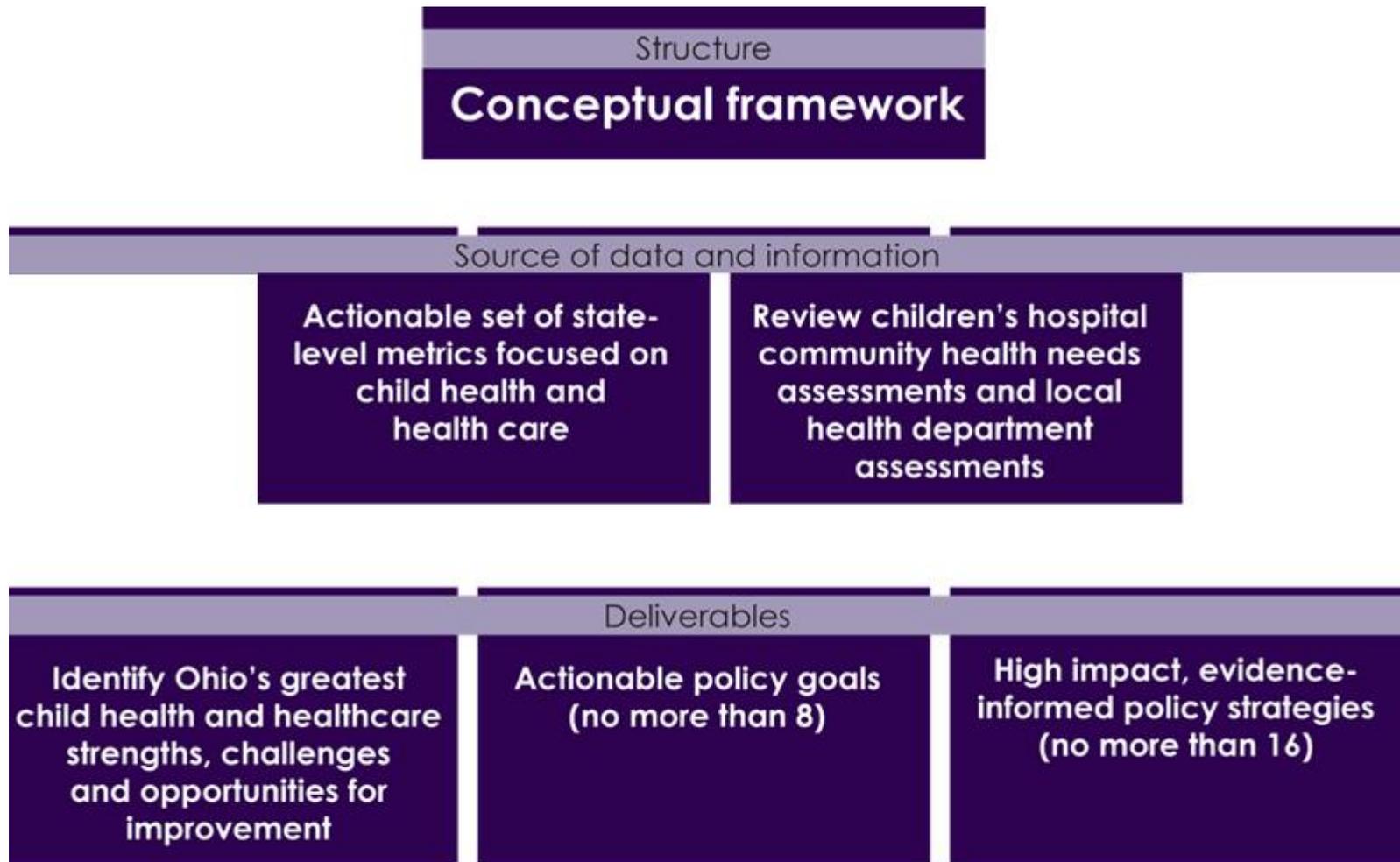


Agenda

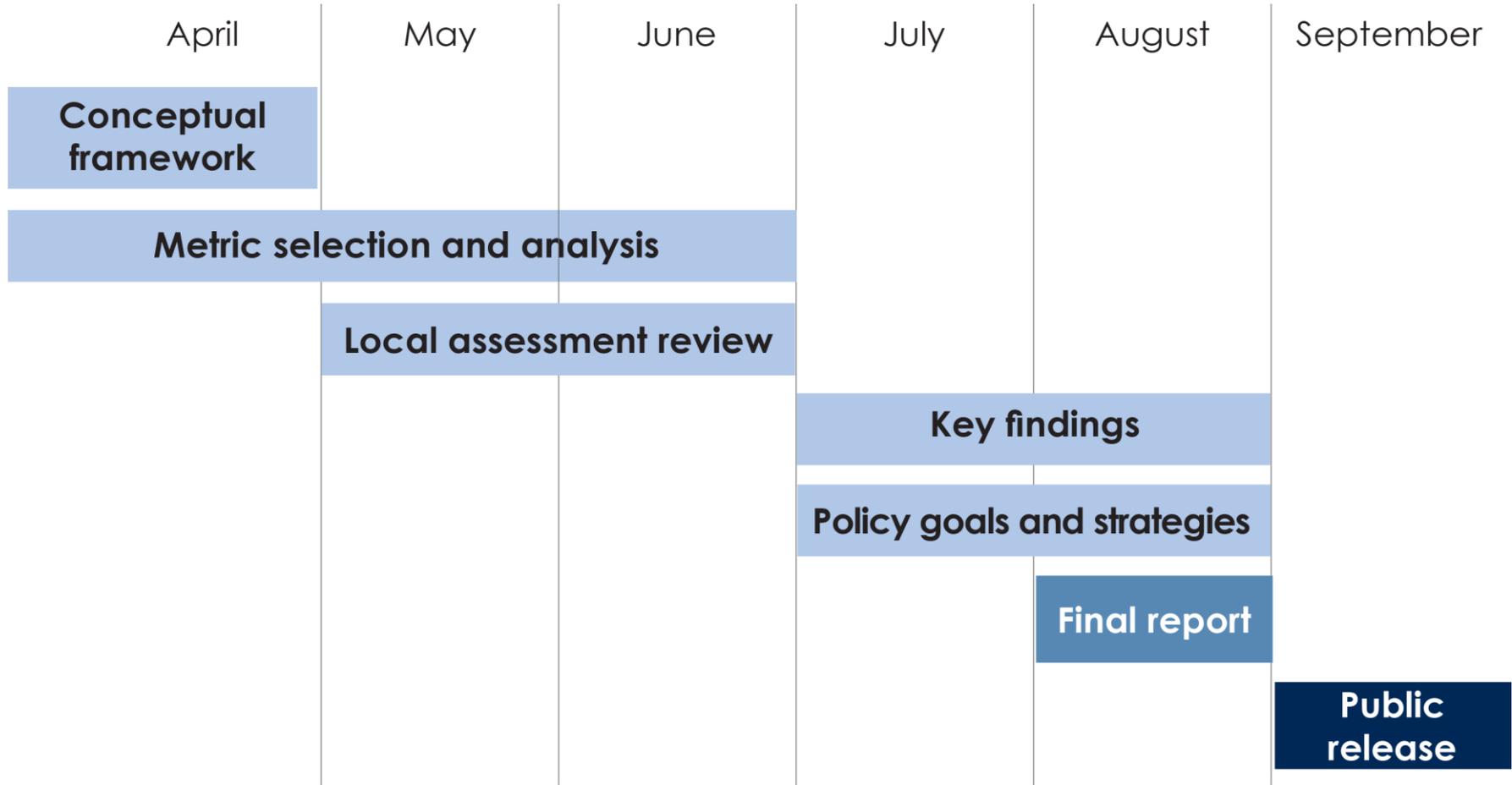
- Welcome and introductions
- Update on Assessment process
- Discuss document review preliminary findings
- Discuss secondary data metrics and preliminary findings
- Small group work: reviewing the data

Deliverables and Timeline

Assessment deliverables

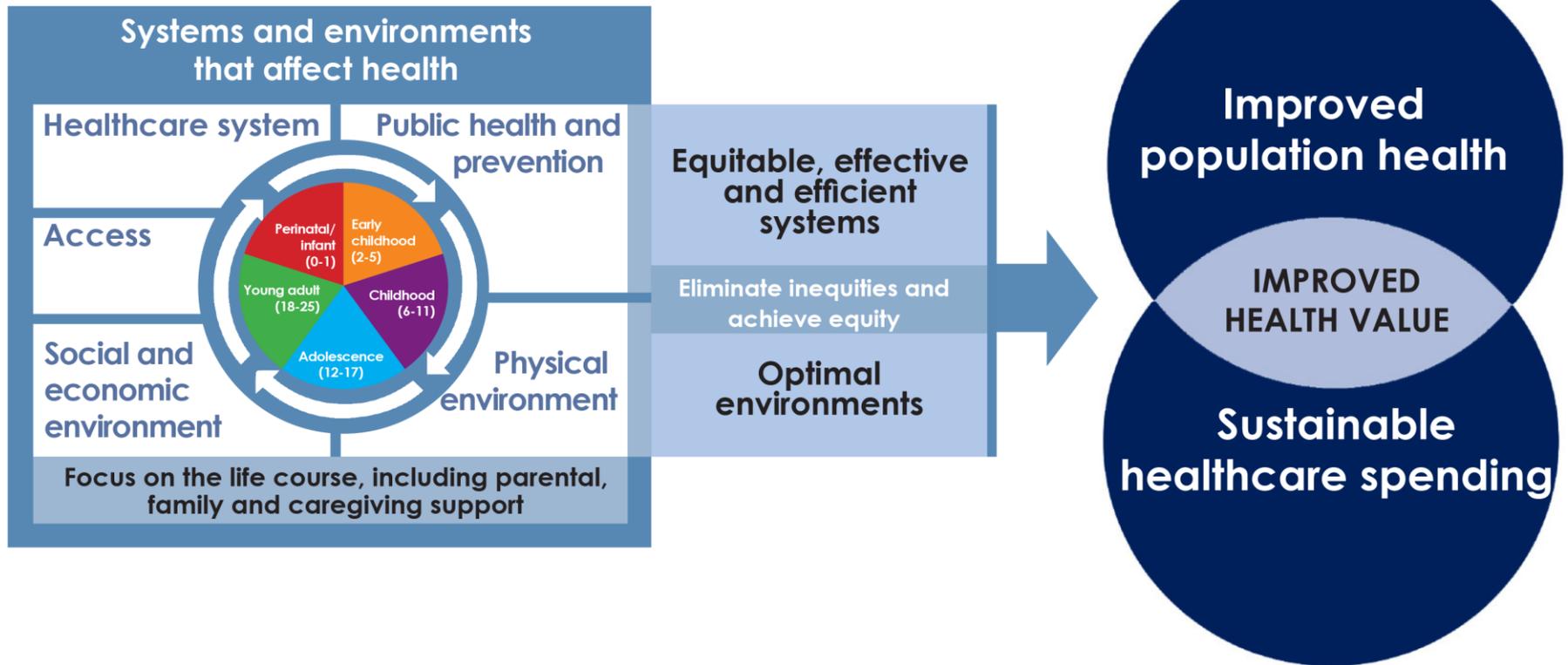


Assessment timeline



Conceptual framework for child health and wellbeing

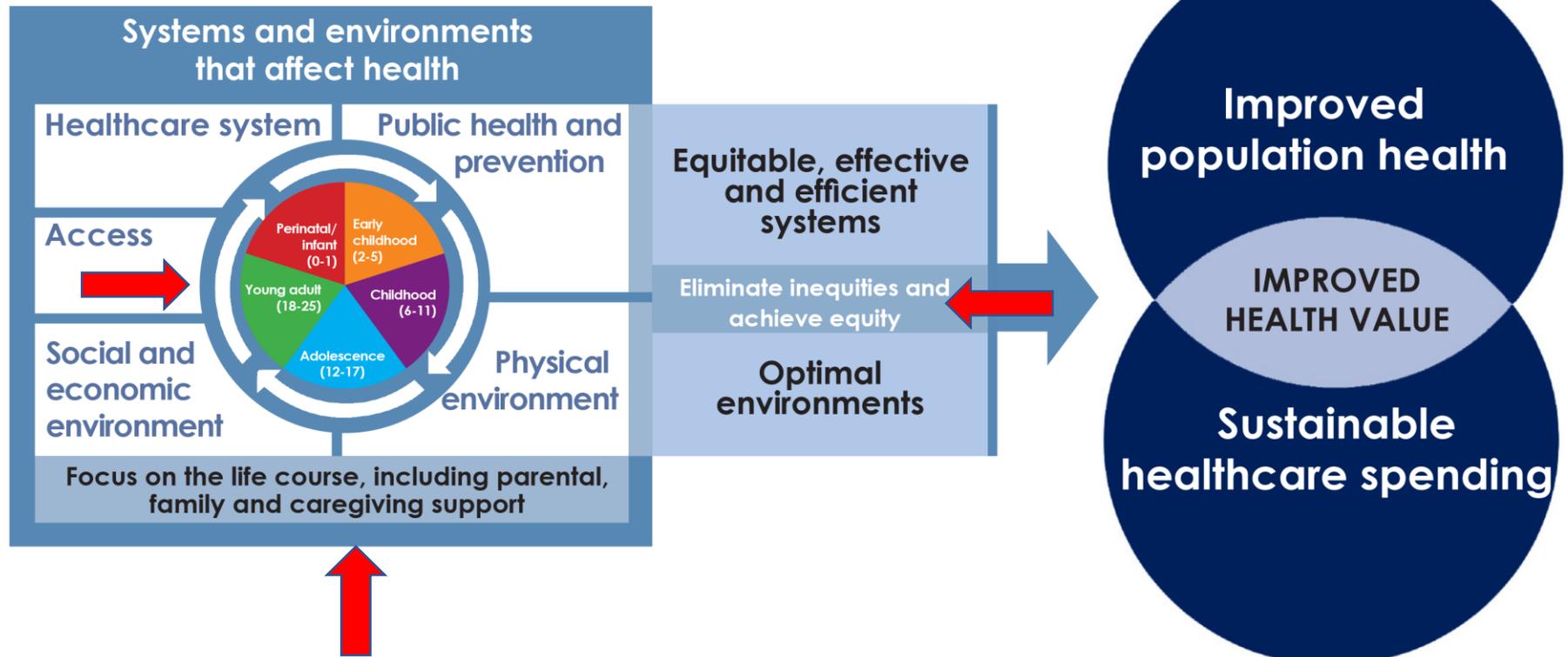
Pathway to improved health value (5.17.2018)



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Conceptual framework for child health and wellbeing

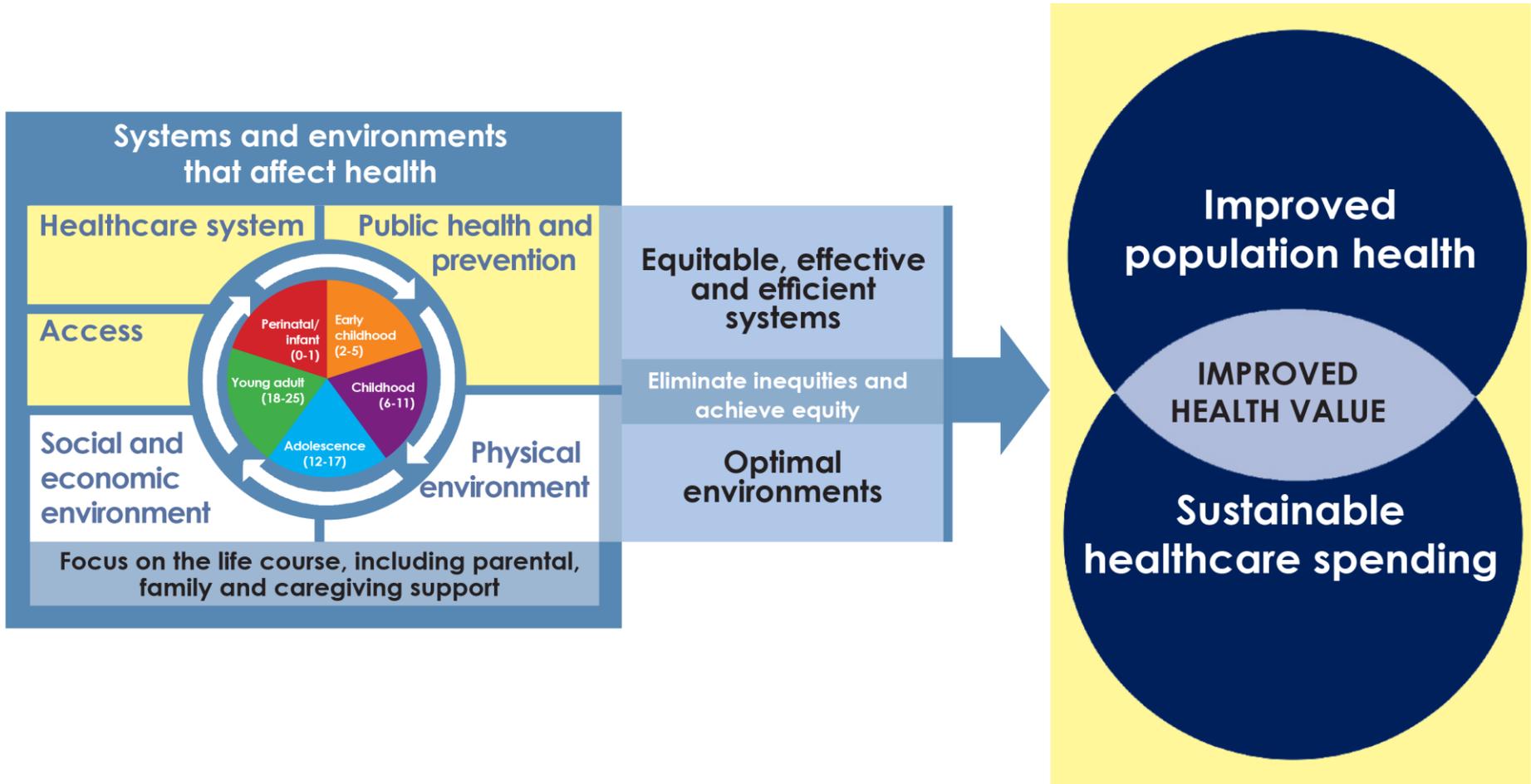
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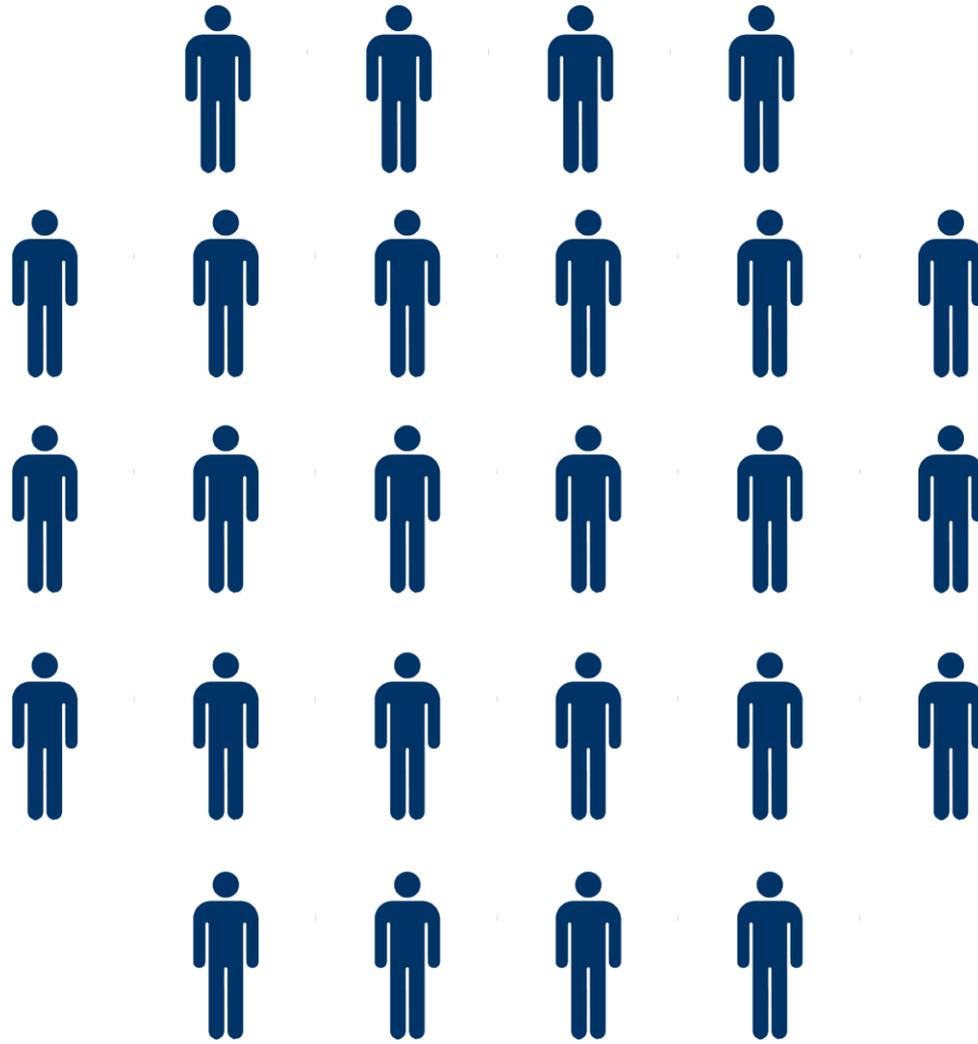
Conceptual framework for child health and wellbeing

Pathway to improved health value (5.17.2018)



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Advisory Committee members



26 members (as of 6/22/18)

Advisory Committee: Sectors

As of June 22, 2018

Child/consumer
advocacy (4)

Public health (1)

Business Employer (2)

Children's hospital (6)

Early childhood
education (1)

Health plan (2)

Other hospital/provider
(4)

State agency (3)

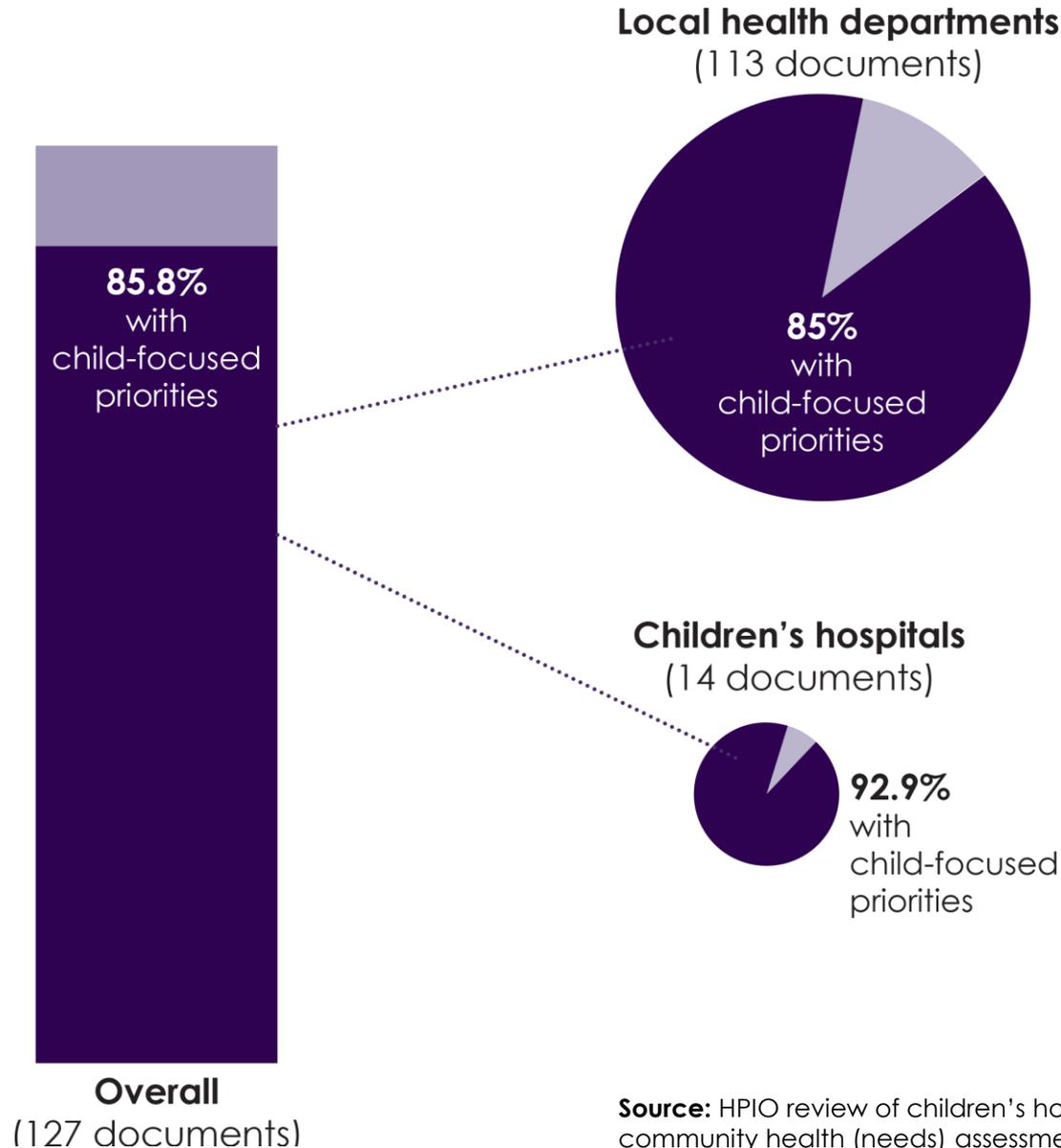
Advisory Committee objectives

1. Leverage existing work on Ohio's *State Health Improvement Plan* to create an Assessment of Child Health and Health Care in Ohio
2. Adopt a broad conceptual framework to guide development of the Assessment
3. Provide feedback on the child health and healthcare metrics and outcomes that will be analyzed as part of the Assessment
4. Identify entities that can provide data on pediatric clinical quality outcomes and access to care measures when the data is not publicly available
5. **Offer insight on Ohio's greatest child health and healthcare strengths, challenges and opportunities for improvement**
6. Inform policy goals and strategies that will be highlighted in the Assessment to build upon Ohio's strengths and address Ohio's greatest child healthcare challenges

**Meeting
two
(June)**

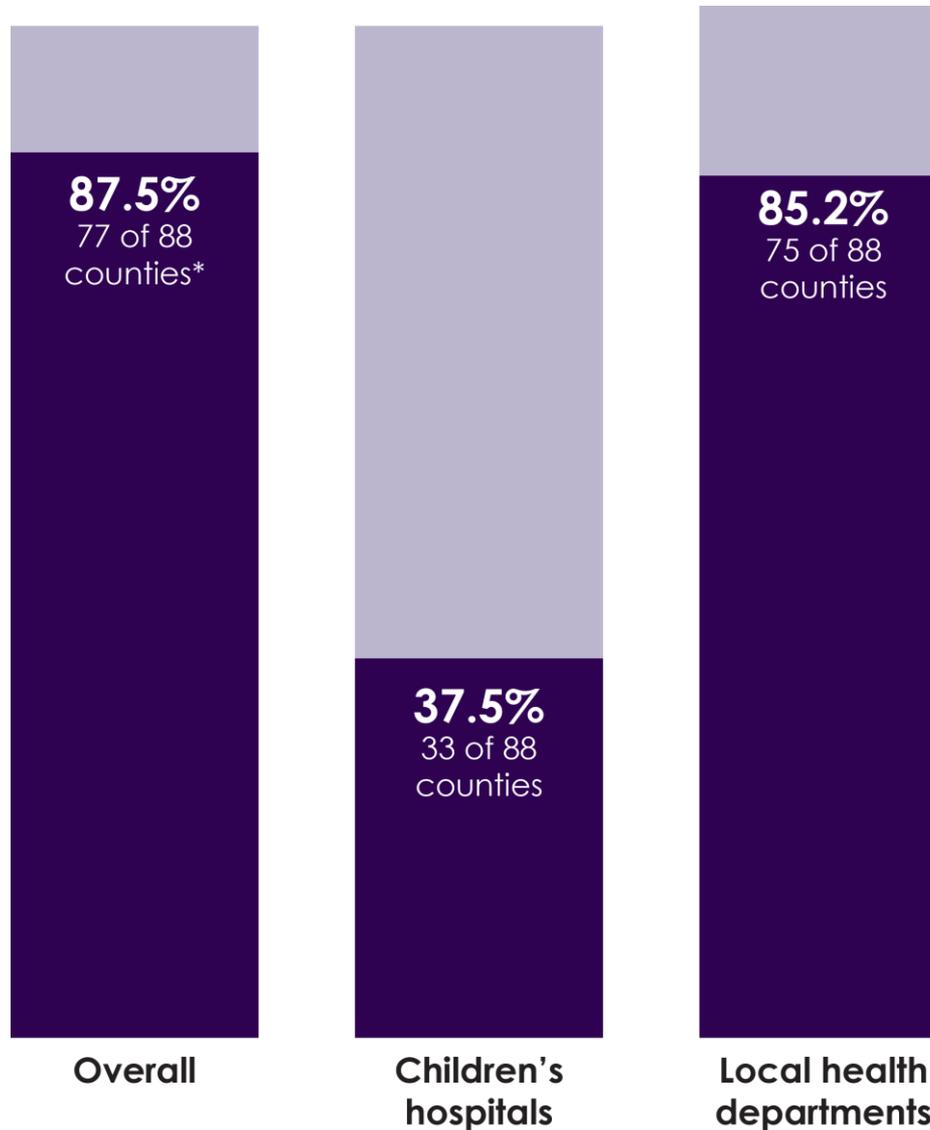
Preliminary findings:
Community health planning document review

Percent of children's hospitals and local health departments with documents that identified child-focused priorities



Source: HPIO review of children's hospital and local health department community health (needs) assessments and strategies/plans

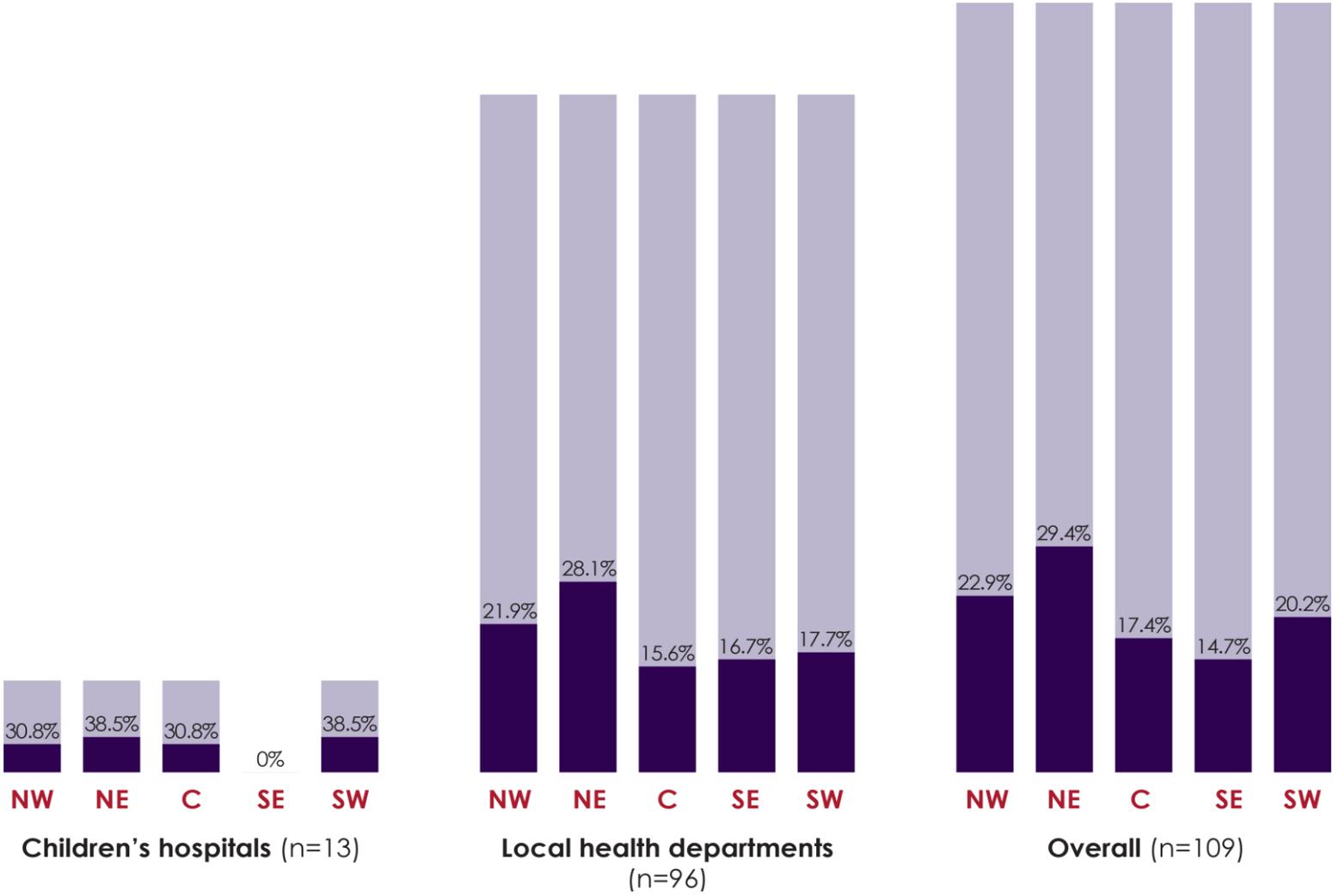
Percent of Ohio counties covered by a document with child-focused priorities



*Counties not covered are Adams, Clinton, Coshocton, Harrison, Highland, Jackson, Jefferson, Morgan, Noble, Paulding, Pike

Source: HPIO review of children's hospital and local health department community health (needs) assessments and strategies/plans

Percent of children’s hospital and local health department documents with child-focused priorities that were reviewed, by region(s) covered by document



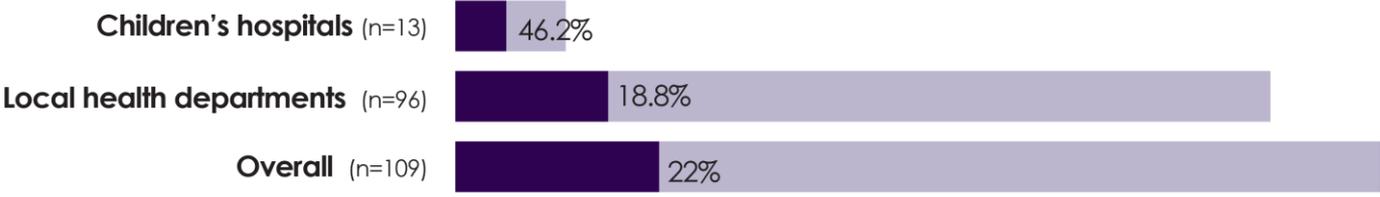
Note: Numbers across regions do not add up to “n” because documents may cover more than one region
Source: HPIO review of children’s hospital and local health department community health (needs) assessments and strategies/plans

Percent of children’s hospital and local health department documents with child-focused priorities that were reviewed, by county type(s) covered by document

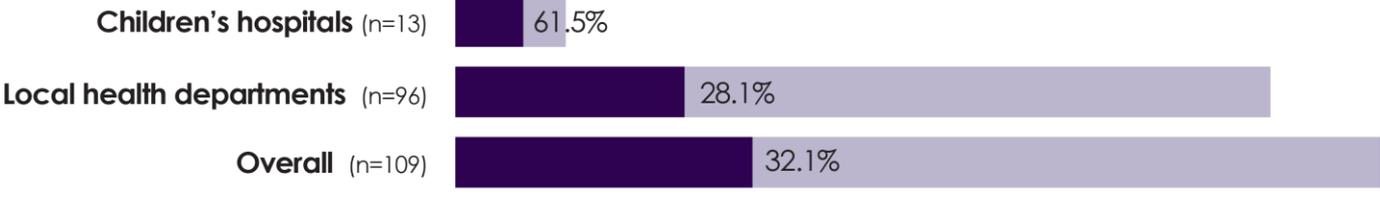
Urban



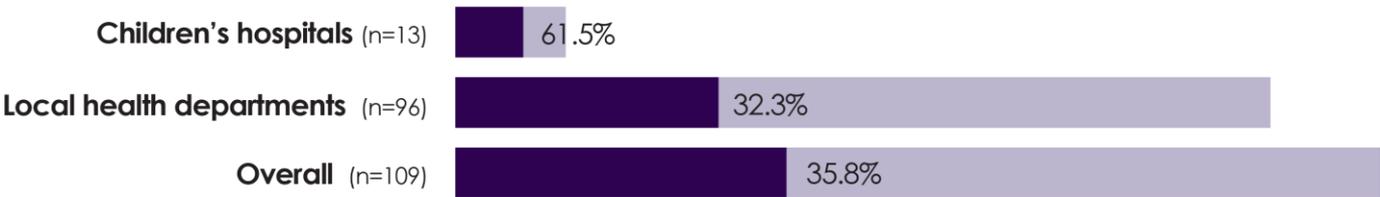
Suburban



Rural, non-Appalachian

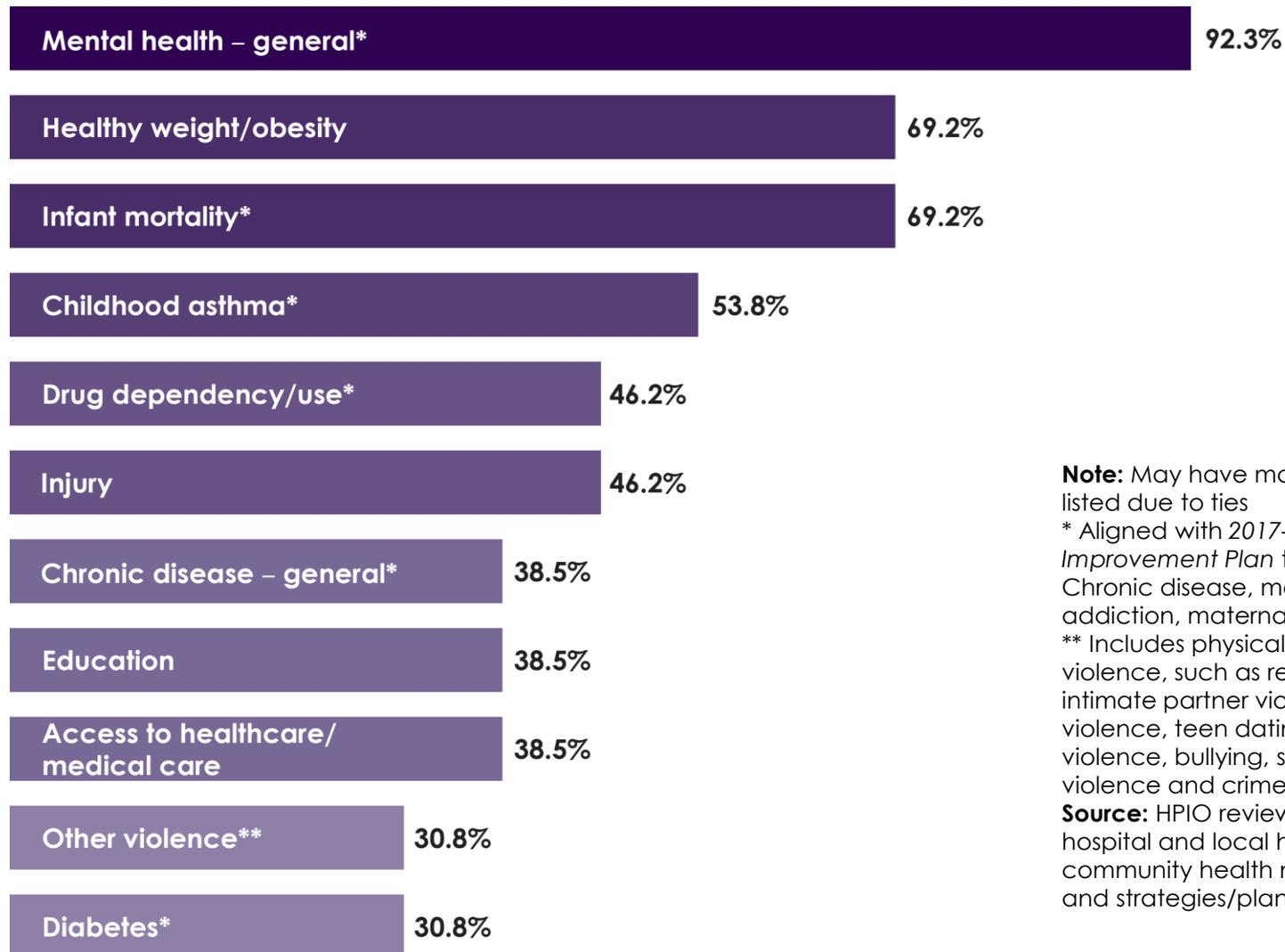


Appalachian



Note: Numbers across regions do not add up to “n” because documents may cover more than one region
Source: HPIO review of children’s hospital and local health department community health (needs) assessments and strategies/plans

Top ten child-focused health priorities identified in children's hospital community health planning documents (n=13)



Note: May have more than ten priorities listed due to ties

* Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

** Includes physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, bullying, self-harm, or other violence and crime general

Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Top three child-focused health priorities identified in children's hospital community health planning documents, by region(s) covered by the document

Northwest (n=4)

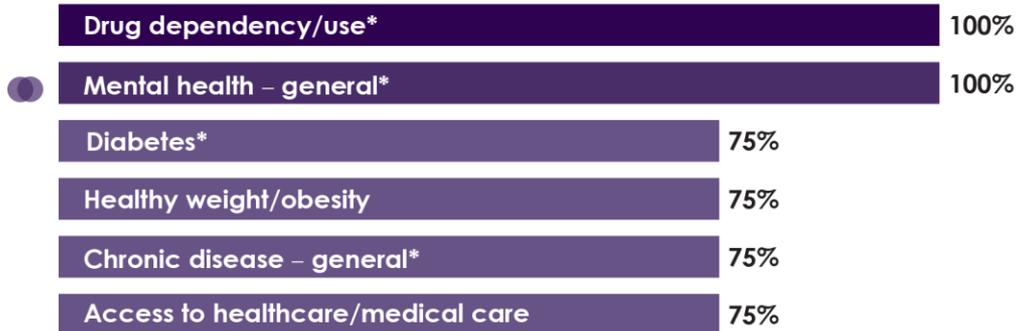


 Top three priority across all regions

Northeast (n=5)



Central (n=4)



Southwest (n=5)

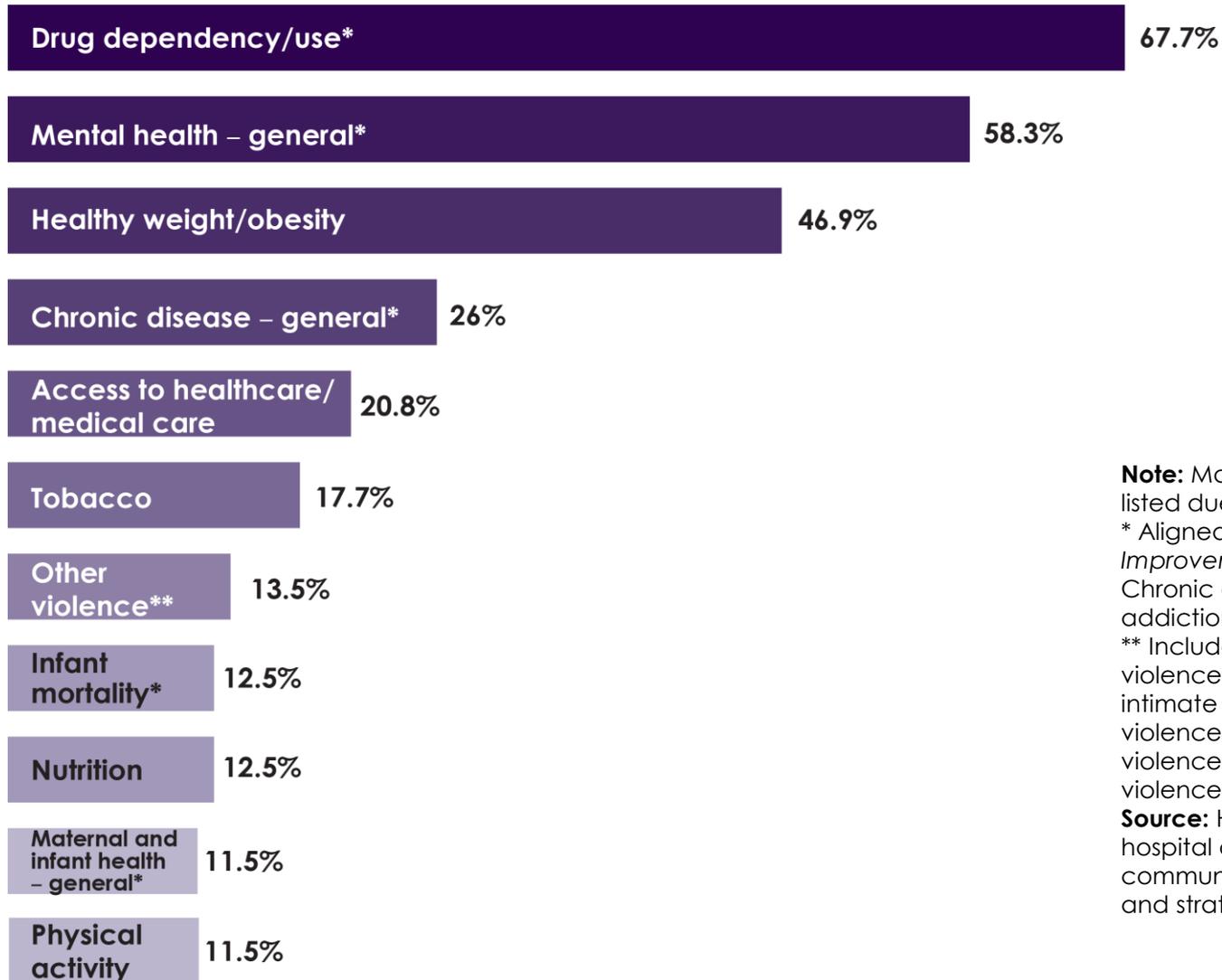


Note: May have more than three priorities due to ties; No children's hospital documents were reviewed covering the southeast region of the state

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Top ten child-focused health priorities identified in local health department community health planning documents (n=96)



Note: May have more than ten priorities listed due to ties

* Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

** Includes physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, bullying, self-harm, or other violence and crime general

Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Top three child-focused health priorities identified in local health department community health planning documents, by region(s) covered by the document

Northwest (n=21)



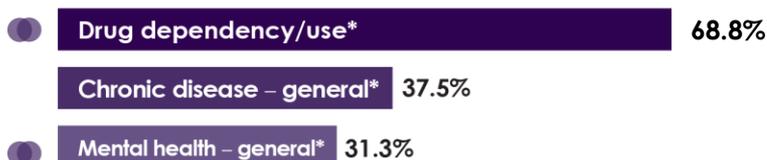
Northeast (n=27)



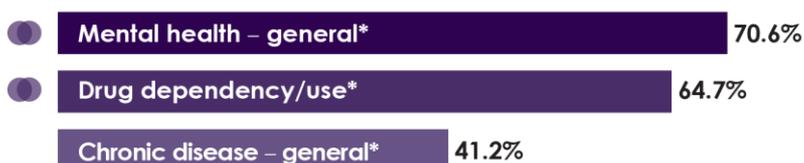
Central (n=15)



Southeast (n=16)



Southwest (n=17)

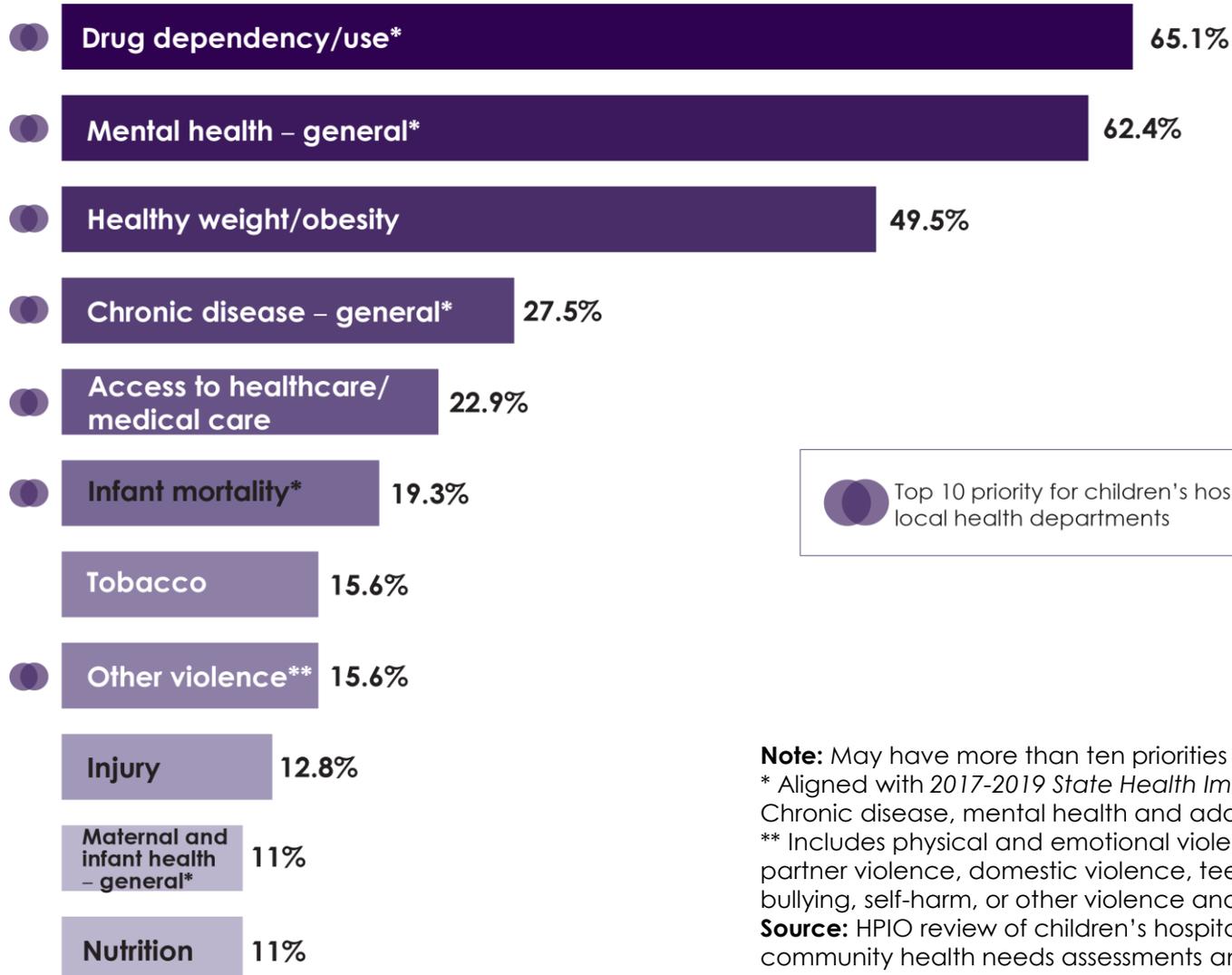


Note: May have more than three priorities due to ties

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Top ten child-focused health priorities identified in children's hospital and local health department documents, combined (n=96)



 Top 10 priority for children's hospitals and local health departments

Note: May have more than ten priorities listed due to ties
* Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health
** Includes physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, bullying, self-harm, or other violence and crime general
Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Top three child-focused health priorities identified in children's hospital and local health department documents, combined, by region(s) covered by the document

Northwest (n=25)



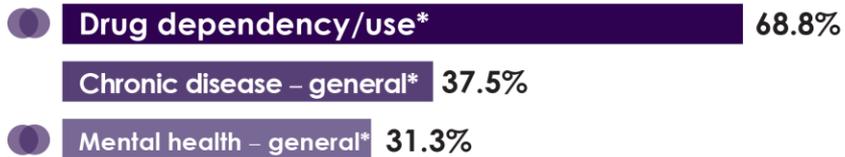
Northeast (n=32)



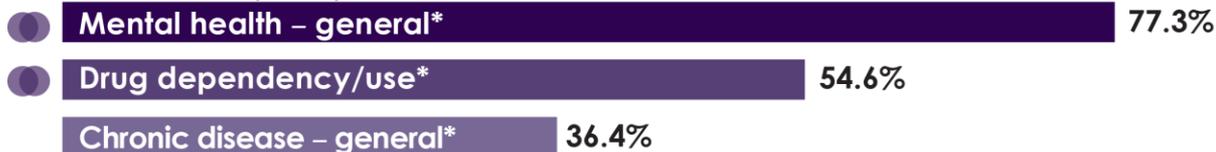
Central (n=19)



Southeast (n=16)



Southwest (n=22)



 Top three priority across all regions

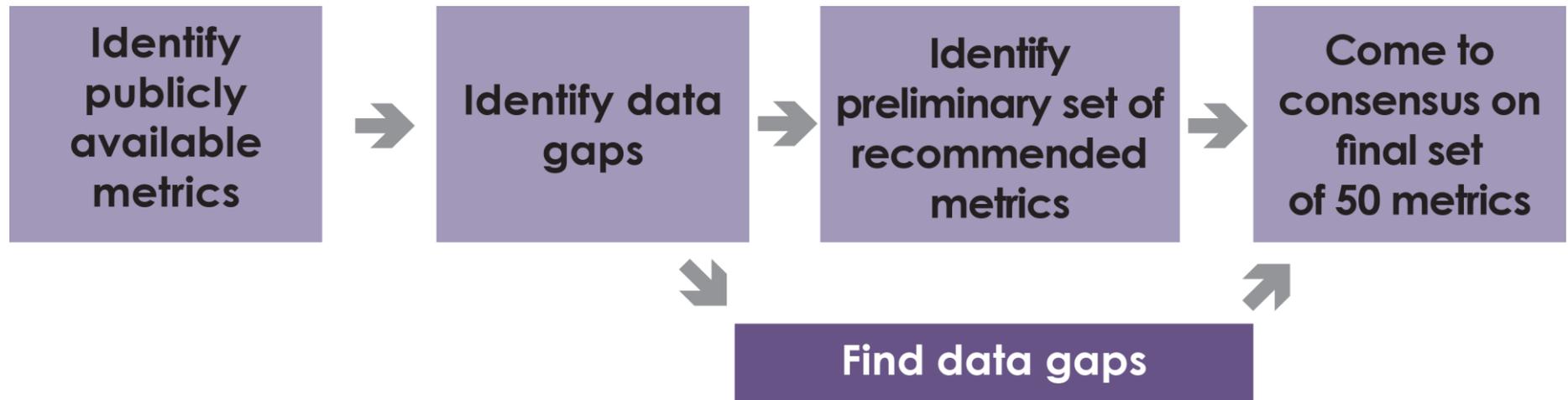
Note: May have more than three priorities due to ties. No children's hospital documents were reviewed covering the southeast region of the state.

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Preliminary findings:
Secondary data analysis

Child health and healthcare data

Identify a set of **no more than 50 metrics**



Child health and healthcare data

232
metrics
reviewed

47
metrics with
data compiled

11
metrics
outstanding

**Population
health**
11 metrics

**Healthcare
spending**
3 metrics

**Healthcare
system**
9 metrics

Access
12 metrics

**Public health
and prevention**
12 metrics

Metric issues and data requests

Population health

Metric	Issue(s) identified	Discussion point(s)
Major depressive episode. Percent of youth ages 12-17 who experienced a major depressive episode within the past year (National Survey of Drug Use and Health)	Estimates for ages 18-25 are available for this metric.	Question: Should this metric also be reported for the 18-25 age group?

Access to care

Metric	Issue(s) identified	Discussion point(s)
<p>Problems accessing mental health care. Percent of children ages 3-17 who needed treatment or counseling from a mental health professional and had a small or big problem accessing services (National Survey of Children's Health, NSCH)</p>	<p>Estimates for all states were unreliable due to small sample sizes.</p>	<p>Preliminary decision: This metric was replaced with Mental health care. Percent of children ages 3-17 who needed and received treatment or counseling from a mental health professional during the past year.</p>
<p>Youth with depression who did not receive mental health treatment. Percent of youth with major depressive episode who did not receive any mental health treatment (National Survey of Drug Use and Health as compiled by Mental Health America-youth data)</p>	<p>The data source identified for this metric provides conflicting information about the years for which the data is provided.</p>	<p>Preliminary decision: HPIO is looking into other data sources for this metric, including OHMAS and the Behavioral Health Barometer (five-year estimates).</p>

Healthcare system

Metric	Issue(s) identified	Discussion point(s)
Shared decision-making. Percent of children ages 0-17 whose families sometimes or never feel that they are partners in decision making around issues important to their child's health (NSCH)	Estimates for 12 states are unreliable due to small sample size when measuring families that <u>did not</u> feel they were partners in decision making around issues important to their child's health. A metric is not ranked if it is missing more than 10 states. Estimates for all states are reliable when measuring families that <u>did</u> feel that were partners in decision making.	Preliminary decision: Report the percent of families that <u>did</u> feel they were partners in decision making.

Public health and prevention

Metric	Issue(s) identified	Discussion point(s)
<p>Exclusively breastfed first six months. Percent of children ages 6 months to 5 years who were exclusively breastfed for their first six months (NSCH)</p>	<p>Estimates for all states were unreliable due to small sample sizes.</p>	<p>Preliminary decision: This metric was replaced with Mental health care. Percent of children ages 3-17 who needed and received treatment or counseling from a mental health professional during the past year.</p>
<ul style="list-style-type: none"> • Breastfed at hospital discharge. Percent of infants who were exclusively breastfed at hospital discharge (Ohio Department of Health, Maternal and Child Health Block Grant, state performance measure) • Percent ever breastfed. Percent of children who were ever breastfed by birth year (NIS) 	<p>Advisory committee identified Breastfed at hospital discharge as a metric to include in the analysis. Data is only available for Ohio and for two years. The NIS includes a metric for Percent ever breastfed which provides US comparison and three years trend data.</p>	<p>Preliminary recommendation: Replace breastfed at hospital discharge with percent ever breastfed.</p>
<p>Home visiting. Percent of children ages 0-3 who did not receive any home visits (NSCH)</p>	<p>The advisory group agreed that the NSCH is not a good data source to measure home visiting.</p>	<p>Preliminary decision: HPIO is working with the Ohio Department of Health to identify a better measure for home visiting</p>

Data in context

	Examples
Ranking	
Progress and trend	
U.S. comparison	
Disparities	

Domain profiles

Secondary data analysis

Preliminary data 06.22.2018

Population health

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
40	Infant mortality.** Rate of infant deaths per 1,000 live births	6.9 (2014)	7.2 (2015)	7.4 (2014)	-	5.9 (2015) 
29	Health status. Percent of children ages 0-17 who have excellent or very good health	N/A	N/A	90.4% (2014)	-	89.7% (2014) 
36	Weight status. Percent of children ages 10-17 who are overweight or obese based on Body Mass Index (at 85th percentile or above)	N/A	N/A	33.1% (2014)	-	31.2% (2014) 
11	Physical activity. Percent of children ages 6-17 who did not exercise, play a sport or participate in physical activity for at least 60 minutes any day during the past week	N/A	N/A	6.6% (2014)	-	9.1% (2014) 
43	Special health care needs. Percent of children ages 0-17 with one or more qualifying responses on children with special health care needs screener criteria	N/A	N/A	22.8% (2014)	-	19.4% (2014) 
19	Oral health problems. Percent of children ages 1-17 who had one or more oral health problems in the past 12 months	N/A	N/A	12.2% (2014)	-	13.4% (2014) 
40	Major depressive episode. Percent of youth ages 12-17 who experienced a major depressive episode within the past year	10.3% (2013-2014)	11.9% (2014-2015)	14% (2015-2014)	-	12.6% (2015-2014) 
NR	Drug abuse and dependence at time of delivery. Total number of delivering mothers diagnosed with one or more drug abuse/dependence conditions at time of delivery	3,777 (2013)	4,353 (2014)	4,013 (2015)	-	N/A
NR	Asthma. Percent of children ages 0-17 currently with asthma	9.7% (2013)	10.4% (2014)	7.2% (2015)	+	8.5% (2015) 
15	Substance use disorder. Percent of youth ages 12-17 with past-year illicit drug or alcohol dependence or abuse	N/A	N/A	4.3% (2015-2014)	-	4.6% (2015-2014) 
44	Attention Deficit/Deficit-Hyperactivity Disorder. Percent of children ages 3-17 who currently have Attention Deficit Disorder or Attention Deficit-Hyperactivity Disorder	N/A	N/A	12% (2014)	-	8.9% (2014) 

Ranking

 Top quartile
  Second quartile
  Third quartile
  Bottom quartile
  NR Not ranked
 of the 50 states and D.C.

 Ohio data is better than U.S.

 Ohio data is worse than U.S.

Trend

 Getting better
  Getting worse
  No change
  Data not available for trend analysis

* Trend indicates whether a metric has increased or decreased from base year to most-recent year with no significance testing.

** 2014 data is available for Ohio, but not for other states, and was used for most recent data and trend columns. 2015 data was used for Ohio's rank.

Top priority health issues and leading causes of death

DRAFT 06.21.2018

Priority health issues for the Assessment of Child Health and Health Care in Ohio Preliminary findings as of June 21, 2018

Prepared by the Health Policy Institute of Ohio for the Ohio Children's Hospital Association

Top health issues

Top health issues	Top ten priorities combined, for children's hospitals and for local health departments	Ohio in bottom quartile in the secondary data analysis and/or Ohio performance worse than U.S.
Mental health and addiction		
Mental health, general*	Combined 	Yes
Drug dependence and use*	Combined 	Yes
Depression*		Yes
Alcohol use		Yes
Marijuana use		Yes
Other behavioral health		Yes
Maternal and infant health		
Infant mortality*	Combined 	Yes
Preterm birth*		Yes
Prenatal care		Yes
Breastfeeding		Yes
Teen birth		Yes
Maternal and infant health, general*	Combined	Yes
Chronic disease		
Childhood asthma*	Children's Hospital	Yes
Diabetes*	Children's Hospital	Yes
Healthy weight/obesity	Combined 	Yes
Chronic disease, general*	Combined 	Yes
Health behaviors		
Physical activity	Local health department	
Tobacco	Combined	Yes
Nutrition	Combined	Secondary data not available
Access to care		
Access to healthcare/medical care	Combined 	
Cost of healthcare		Yes
Healthcare system performance		
Patient engagement		Yes
Care transition		Yes
Emergency department utilization		Yes
Prevention		
Vision testing		Yes
Immunizations		Yes
Social drivers of health**		
Violence	Combined 	Not assessed
Injury	Combined	Not assessed
Education	Children's Hospital	Not assessed

 Shared priority across document review and secondary data analysis

Note: Health issues identified in table are based on preliminary analysis and may change
 *Aligned with 2017-2019 State Health Improvement Plan three priority topics and ten priority topic outcomes
 **Did not examine social determinants of health extensively in the secondary data analysis
 Combined: Indicates a top 10 priority identified for both children's hospitals and local health departments

Small group work

Prioritization criteria

Criteria	Description
Nature of the problem	
1. Magnitude of the problem	Number or percent of children in Ohio affected
2. Severity of the health problem	Risk of morbidity and mortality associated with the problem
3. Magnitude of disparities and impact on vulnerable populations	Size of gap between racial/ethnic and income/poverty groups; Impact on children living in poverty, with disabilities, etc.
4. Ohio's performance relative to benchmarks	Extent to which Ohio is doing much worse than national benchmarks and/or the U.S. overall
5. Change over time	Extent to which the problem has been getting worse in recent years

Prioritization criteria

Criteria	Description
Alignment	
6. Alignment with the State Health Improvement Plan and local priorities	Extent to which the issue has been prioritized at the state and local level
Potential for impact	
7. Availability of evidence-informed state or local-level policy strategies	Extent to which the issue can be impacted by state or local-level policy change
8. Feasibility and cost of available evidence-based strategies	Existence of strategies that are no or low cost; Existence of strategies that are feasible to implement in Ohio at local and/or state level given current climate/conditions
9. Potential strategies are cross-cutting or have co-benefits	Existing evidence-based strategies to address this health problem would also address other health problems (e.g., healthy eating and active living strategies impact weight, diabetes, mental health, etc.)
10. Ability to track progress at the state and county level	Progress on the issue can be tracked using existing (or new) population-level indicators with data available at the state and county level

Prioritization criteria

Additional considerations for prioritization, based upon stakeholder expertise

- **Opportunity to add value.** There is a need for increased activity and/or alignment on the issue at the state level
- **Preventability of disease or condition.** Disease or condition is largely caused by behaviors, community environments and/or other modifiable factors (rather than genetics or biological characteristics) that can be addressed by prevention programs or policies.
- **Potential impact on healthcare spending.** Extent to which addressing the problem may reduce healthcare spending and have a positive return on investment (ROI).

Small group questions

In reviewing the preliminary findings from the document review and secondary analysis, please discuss the following questions with your small group:

1. What about the data findings do you find surprising? What is consistent with your perceptions given your work? What is inconsistent?
2. What common themes do you see across the data findings? Which themes do you think are most important to highlight?
3. Given the purpose of this *Assessment* and the prioritization criteria, what are the three (3) priority areas to focus on that can be impacted by state health policy?

Next steps

Contact

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